

**New Jersey Agricultural Mediation Program**

**Request for Voluntary Mediation**

**For disputes involving the agricultural practices of a commercial farm**

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I (we) \_\_\_\_\_ request voluntary mediation under the  
New Jersey Agricultural Mediation Program (NJAMP).

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is this a listed or an unlisted telephone number? \_\_\_\_\_

I am: \_\_\_\_\_ the commercial farm operator

\_\_\_\_\_ a municipal official (title: \_\_\_\_\_)

\_\_\_\_\_ a residential neighbor

\_\_\_\_\_ another affected party (describe: \_\_\_\_\_)

Briefly describe the situation: \_\_\_\_\_

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Briefly describe requestor's relationship to the party(ies) with which you have a dispute:

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List other participants that you would like to be in the mediation:

(name)

(address)

(phone)

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I hereby give permission to the NJAMP to release information provided to the mediator assigned to the case. I understand this information is being released for the purpose of mediation only and shall not be released for any other purpose without my permission. By returning this completed request form, I am consenting to participate in mediation. I accept the policies and procedures outlined for the program.

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Signature

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Date

Please forward this completed request to the New Jersey Agricultural Mediation Program at the following address:

New Jersey Agricultural Mediation Program  
New Jersey State Agriculture Development Committee  
P.O. Box 330  
Trenton, New Jersey 08625  
(609) 984-2504 FAX (609) 633-2004

The other parties involved in this mediation will be notified within five (5) working days after NJAMP receives an initial written request. NJAMP will forward a copy of this document to the other parties as part of the request for mediation. Please keep a copy of this document for your records.